Client Revocation of Consent

I revoke my permission for _____ (Agency) to have or enter personally identifying information about me and/or my dependent children under age 18 in the Washington State Homeless Management Information System (HMIS).

Identifying information to be removed from the system:
(Please check any of the information below to be removed from HMIS)

- ☐ My First and Last Name
- ☐ My Social Security Number
- ☐ My Day and Month of Birth
- ☐ My Last Permanent Address
- ☐ My Phone Number
- ☐ My Ethnicity
- ☐ My Race

If Applicable: Identifying information of minor children to be removed from the system:
(Please check any of the information below to be removed from HMIS)

Insert child's/children's name(s):

- ☐ Child's First and Last Name   _____
- ☐ Child's Social Security Number   _____
- ☐ Child's Day and Month of Birth   _____
- ☐ Child's Last Permanent Address   _____
- ☐ Child's Phone Number   _____
- ☐ Child's Ethnicity   _____
- ☐ Child's Race   _____

All non-identifying information will remain in the system:

Gender	Marital Status
Year of Birth	Education
Any other non-identifying information	Program Entry/Exit Answers

I understand that I will continue to receive the same services from this agency whether I allow them to enter identifying personal information about me into the HMIS or not.

_____   _____   _____
Client Signature (Parent/Guardian)   Date   Relationship to Client

_____
Client Print Name (Print clearly)

_____   _____
Agency Witness Signature   Date

_____
Agency Staff Print Name (Print clearly)